University of Alberta

Employed Mothers' Worker Ideology and Social Support Network Composition while Managing Multiple Demands in Paid and Family Work

by

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Abstract

How an employed mother defines herself in her paid work life, her orientation to worker ideology, may impact her social support network composition, and thereby influence her choices and ability to manage stress from multiple paid work and family demands. The purpose of this ethnographic study was to examine employed mothers' orientation to worker ideology and their social support network composition. A re-analysis of data from two longitudinal, interview studies was conducted (Harrison, Neufeld & Kushner, 1995; Kushner, 2005; Kushner & Harrison, 2002), sampling 31 employed mothers. Ecomaps were developed to depict women's social support network composition, revealing five categories of support sources: household family, non-household family, friends and neighbours, workplace, and professionals and services. A typology of diverse, restricted, and mixed networks was identified and analyzed in relation to women's orientation to worker ideology. Focusing on worker ideology, in contrast to motherhood ideology, provided a fresh perspective that may inform health promotion programs for women.

Dedication

To my mother, Elaine Mudry (1948-2007), who has taught me the lessons of unconditional love, the strength to have faith, the patience for hope, and the courage to let go.

I love you mom.

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Chapter 1: Introduction

Women in Canada have increased their participation in paid employment, in combination with paid labour force participation and traditional family caregiving responsibilities. There has been significant growth in the employment rates of women with children in the past quarter of a century. In 2006, 73% of all women with children under sixteen living at home were part of the employed workforce, up from 39% in 1976 (Statistics Canada, 2006). In 2000, more than 70% of women with at least one child under the age of 16 at home were employed fulltime, defined as working 30 or more hours per week. Women with young children are employed outside the home increasingly more as well. By 2006, 64% of women with children under 3 were employed, more than double the figure in 1976 when only 28% of these mothers were employed outside their homes. Similarly, 69% of women whose youngest child was between 3 to 5 worked for pay or profit in 2006, up from 37% in 1976 (Statistics Canada, 2006). Alberta has the highest percentage of employed women over 15 in Canada, with 64.6% of the population, compared to the national average of 58.3% of the population. These statistics are similar for men in Alberta (Statistics Canada, 2006).

It is important to investigate social support in the lives of employed mothers as women are faced with increasing roles and responsibilities in their family and paid-work life. Researchers have found social support to be an important factor in maintaining health, coping with illness, and preventing disease (Callaghan & Morrissey, 1993; Stewart, 1993). Employed mothers are challenged with multiple sources of stress including time pressures; inflexible self-expectations; conflicting

demands; compromised personal resources; and difficulty accessing social support from their family, work place, and health and social services (Kushner & Harrison, 2002). Women also experience many barriers accessing social support: the perception that they are a burden to others, lack of reciprocity, reluctance to ask for support, and nonsupportive messages accompanying supportive actions (Harrison, Neufeld, & Kushner, 1995). Furthermore, use of social support is often influenced by the various perceptions women hold about their identity, their role, and how they situate themselves in society. Kushner and Harrison contend that social expectations or ideologies "that define caregiving as women's work reinforce women's sense of obligation to manage family, health, and paid work demands on their own" (2002, p. 60). The expectations women have for themselves as workers, shaped by their worker ideology, may also influence their social support use (Harrison, Neufeld, & Kushner, 1995; Neufeld & Harrison, 2003; Wuest, 1997, 2000).

How employed mothers' worker ideology influences the use of social support networks in managing multiple demands in paid and family work is important to investigate. It is of interest to many groups including researchers and scholars, employers, service providers, policy makers, and perhaps most importantly, the significant number of women who experience the multiple responsibilities of paid and family work in their daily life. Moreover, social support, can "improve coping, moderate the impact of stressors and promote health," along with women's health, and management of daily life are all within the domain of health promotion studies (Stewart, 1993, pp. 6-7). A better understanding of how women's worker ideology

and their social support network use is important in the creation and modification of health promotion programs and policies.

This research examined and compared employed mothers' orientations to worker ideology and their social support network composition, using three guiding questions: (1) What is the composition of employed mothers' social support network? (2) What types of social support networks are present? (3) In what respect does employed mothers' social support network composition differ in relation to their orientation to worker ideology? These research questions were situated in current knowledge about employed mothers in work-family research, social ideology, and social support network research. Review of the literature consisted of searching health science related databases: CINAHL, EMBASE, ERIC, PsycINFO, and MEDLINE; social science databases: Social Sciences Citation Index and Sociological Abstracts; and interdisciplinary databases: Academic Search Premier and Web of Science. Search terms included and combined: "employed mothers," "working mothers," "employment AND family," "ideology," "social perceptions," "worker," "self-perception," "work-family," "social support," "typology," and "network." Reference lists and works cited were also reviewed for relevant literature.

Chapter 2: Literature Review

Work-Family Research

Research and literature on employment and family, including research and literature related to health status and stress, is pervasive in disciplines such as occupational health, organizational theory, business, psychology, sociology, women's studies and family studies. A conflict-oriented focus is common with phrases such as "work-family conflict," "role strain," and "interrole conflict." Work-family conflict has been defined as "a form of interrole conflict in which role pressures from the work and family domains are mutually incompatible in some respect" (Greenhaus & Beutell, 1985, p. 77). This conflict creates stress that can be detrimental to physiological and psychological health. Researchers have examined the relationship between work and family with various variables and factors, including social support. The role of family support and interrole conflict on marital adjustment has been examined (MacEwen & Barling, 1988), as well as interrole conflict and spousal support on marital functioning (Suchet & Barling, 1986); both studies suggest that family support is beneficial in ameliorating work-family conflict and stress in marital relationships. Researchers have examined the negative interacting effects of multiple roles on women's physical health (Waldron, Weiss, & Huges, 1998). It is thought that social support can create buffers and defense against role strain, role overload and work-family conflict. Spousal support, supervisor support, and a women's sense of self-efficacy in their parental and paid work roles were found to be effective defenses against role strain, role overload and work-family conflict (Erdwins, Buffardi, Casper, & O'Brien, 2001).

Social support is often used as a variable in work-family research, however, much of this research focuses on quantitative measures to only determine *if* social support affects work-family conflict, levels of role strain, and the health impact on employed mothers (Carlson & Perrewe, 1999; Morris & Coley, 2004; Erdwins, Buffardi, Casper, & O'Brien, 2001; MacEwan & Barling, 1988; Suchet & Barling, 1986; Waldron, Weiss, & Hughes, 1998). This research has demonstrated a relationship between social support and role strain, work-family conflict, and work overload; as well as the effect on physical and psychological health, role satisfaction, and life satisfaction. There is much less literature, however, focusing on the influence of expectations, particularly, ideological influence such as worker ideology, on sources of social support, or social support network composition.

Social Ideology and Employed Mothers

Humans live their lives as conscious actors in a world that makes sense to them in varying degrees. Ideology is the medium through which this consciousness and meaningfulness operates in a complex system of sociopolitical structures; ideology dictates what exists, such as who we are, what the world is, what is good (right, enjoyable), and what is possible and impossible (Therborn, 1980).

Mother roles and ideologies are highly contested (Johnston & Swanson, 2003b). Hays (1996) articulated how women perceive employment and motherhood as oppositional binaries, and how the logic of the marketplace is at odds with the cultural ideology of intensive motherhood expectations. Intensive motherhood remains the predominant ideology (Hattery, 2001) and women continue to feel

pressure to choose between motherhood and career (Blair-Loy, 2001), despite the prevalence of women in the work force (Statistics Canada, 2006).

Furthermore, employed mothers are faced with the social ideologies of what it means to be a *good mother* and a *good worker*. A *good mother* is constructed as "selfless, interdependent with children, naturally endowed for nurturing, and successful in the domestic sphere;" whereas, a *good worker* is constructed as "promoting self, demonstrating independence, lacking in natural mothering qualities, and fulfilling her potential in the public sphere" (Johnston & Swanson, 2003b, p. 245). These contrasting ideals are promoted aggressively in the media to which women are exposed, and may induce feelings of guilt and inadequacy in employed women (Johnston & Swanson). Johnston and Swanson explored the prevalence of contrasting messages targeting employed and at-home mothers in current women's magazines. They found messages that undermined the self-efficacy of at-home mothers. There was also an absence of messages affirming employed mothers; "employed mothers may be confident and successful, but the message is that there are not many mothers who can make this work" (Johnston & Swanson, p. 262).

The power of social ideology is evident in the negative perceptions and lack of support mothers give to each other. Johnston and Swanson (2004) found that mothers hold stereotypical views of other mothers on the basis of their work status. Employed mothers were objectified, with little consideration for their internal goals, feelings or motivations, by both stay-at-home and part-time employed mothers. Employed mothers tended to construct the at-home mother as a person with feelings and desires, whereas the at-home mother constructed the employed mother as an

image, objectifying her based on appearance. Both employed and at-home mothers perceived society to be more supportive of the other, with their own identity not being valued. A perceived lack of support or sense that the other type of mother receives more support is "consistent with the polarization of employed mothers and at-home motherhood perpetuated by mother war rhetoric" (p. 503).

While there has been some exploration of influence of motherhood ideology on employed mothers' decision making and everyday life, there has been very little attention paid to the influence of worker ideology. The dominant ideology of the "good worker" dictates a worker to be industrious, productive, efficient, loyal, and completely committed to one's job (Garey, 1999), marginalizing family responsibilities (Baker, 1995). Baker (1995) argues that "women are still expected to adjust to an employment mentality, which implies that work is the only important factor in employees' lives" (p. 367). Women are often defined in opposition, as either "family oriented" or "work oriented," emphasizing the separate spheres that these exist in (Garey, 1999, p. 193).

The potential divide between worker and motherhood ideologies may isolate women's work in each of these spheres (paid work and motherhood) further reinforcing the "separate spheres" perspective, where women ought not combine motherhood and paid work involvement. The cultural contradiction between the demands of home and paid work has been experienced by women over recent decades (Hochschild & Machung, 1989; Hays, 1996; Garey, 1999; Johnston & Swanson, 2004), by both American and Canadian women (Baker, 1995).

Ideology has been examined more at a theoretical level than through empirical research, with little attention paid to the influence of worker ideology in work-family research. Very few scholars include employment or motherhood ideology in their empirical analysis of maternal labor force participation using ideology as a primary analytic factor (Hattery, 2001). Moreover, explication of the influence of social ideology on employed mothers' everyday practices has received limited attention and is of concern in health promotion study, policy, and practice.

Social Support Networks and Employed Mothers

Social support has become a common focus in health promotion studies and research. Social support is defined as "interactions with family members, friends, peers, and health care providers that communicate information, esteem, aid, and reliable alliance,…[which] improve coping, moderate the impact of stressors and promote health" (Stewart, 1993, pp. 6-7). Social support can come from informal social networks (e.g., family, friends, neighbours, co-workers) (Drummond et al., 1997) and formal networks (e.g., health professionals, clergy) (Thompson & Ontai, 2000).

Researchers have found social support to be an important factor in maintaining health, coping with illness, and preventing disease (Callaghan & Morrissey, 1993; Stewart, 1993). Furthermore, social support is often considered in relation to a broader social network of family or kin, friends, groups, and organizations (Labonte, 1993). A social network is a web of social ties surrounding an individual (Berkman, 1984), an individual's integration into a self-defined community, and the degree of connectedness to other individuals and to institutions

(Weissman, 1996). Social support network research tends to focus on characteristics of social networks such as number of members, strength of ties, density, homogeneity of members, and dispersion of members (Cohen, Teresi & Blum, 1994). Stoloff and colleagues (1999) found that women were more likely to be employed when they had higher quality and more diverse social resources available through their social networks. The recognition of differences in social network structures has led to the development of network typologies, enabling correlation between network type and other variables to be demonstrated (Wenger & Tucker, 2002). Research has shown that more diverse social networks offer greater access to social support (Fudge, Neufeld, & Harrison, 1997). Homogeneous social support networks with strong ties (such as the same ethnic or cultural group) may limit the exposure the individual has to external support sources. Conversely, a heterogeneous network, with weak ties, may offer many more options for accessing support (Granovetter, 1973).

Although not the approach taken in the current study, it is appropriate to acknowledge that there is a vast body of literature that examines social networks statistically, and entire academic journals with a focus on this methodology, such as *Social Networks: An International Journal of Structural Analysis* (Freeman & Breiger, 2006). Most relevant to the current study, however, are studies that have examined patterns of social support networks among family members involved in caregiving.

Fudge et al. (1997) created a typology of social support networks of women family caregivers of elders with dementia based on qualitative data, using the following network characteristics: size, range of members, network members,

proximity of network members, interconnectedness, conflict and satisfaction of caregivers. From these characteristics they developed a typology with three social support network types: (1) Diverse, (2) Semi-diverse, and (3) Kin-focused (Fudge, Neufeld, & Harrison). The *Diverse* network is a large network with a varied group of members, with varied proximities, including: relatives, friends, professionals, support groups, social groups, church, colleagues and local businesses. The *Semi-diverse* network is a medium sized network, also with varied proximities, consisting of: relatives, friends, professionals, support groups and social groups. The *Kin-focused* network is a small network with limited variation of members: relatives, friends, professionals, and support groups.

Wenger (1991) identified five distinct support network types among elderly persons in Wales: (1) Local Family Dependent, (2) Locally Integrated, (3) Local Self-contained, (4) Wider Community Focused, and (5) Private Restricted. The *Local Family Dependent* support network consists of close family ties, few neighbours and peripheral friends and low levels of community group involvement. The *Locally Integrated* support network includes close relationships with local family, friends and neighbours, as well as involvement in community groups. The *Local Self-contained* support network consists of mostly neighbours, a privatized life-style, and a low involvement with community groups. The *Wider Community Focused* support network is typified by an absence of nearby relatives, a high salience of friends, and a high level of involvement in community groups. The *Private Restricted* support network is associated with an absence of local kin, few nearby friends and low levels of community contact or involvement.

Researchers have also employed statistical methods to determine network types. Using cluster analysis, Litwin (1997, 2001) uncovered five distinct network structures among the majority Jewish elderly cohort in Israel: (1) Diverse, (2) Friend-focused, (3) Neighbour-focused, (4) Family-focus, and (5) Restricted. Similarly, Fiori, Antonucci, and Cortina (2006) also used cluster analysis to analyze support networks, and found "diverse," "family," and "friends" network types, however, they also found two types of restricted networks: a non-family network and a non-friends network.

Across the various typologies there are similarities in the identified social support network types; four major typologies are compared next (Litwin, 2001; Wenger, 1997; Fiori, Antonucci, & Cortina, 2006, Fudge et al., 1997). All four typologies have a "family" focused typology. Litwin (2001) and Fiori et al. (2006) both have a "friends" and a "diverse" category, whereas Wenger (1997) and Fudge et al., (1997) collapsed these two categories. Wenger (1997) created a "locally integrated" category and a "wider community category" that differ on proximity of family members (close vs. distant respectively). Fudge et al. created "diverse" and "semi-diverse" categories that include community involvement, family and friends, but differ on the amount of community involvement, semi-diverse, being less involved. Litwin's "restricted" network is similar to Wenger's "private-restricted" network, which is divided by Fiori et al. into two different types of restricted networks; a non-family network, and a non-friends network. Litwin includes a "neighbours" category similar to Wenger's "local self-contained" category. A limitation to this body of literature is that the main focus is on women caregivers of

elderly family members. Exploration of women as mothers, caregiving for her family merits attention.

Social Ideology, Social Support and Employed Mothers

Employed mothers' health decision making (which includes the provision and acceptance of social support) has been found to be socially organized through the institutions of motherhood, the family, and the workplace, as well as the health care, education and social systems in Canada (Kushner, 2005, 2007). That is, women's health decision making (including social support) is influenced by the sociopolitical context in Canada, as well social ideologies around motherhood, family, and workplace.

The influence of the dominant social ideologies of "good mothers," "the family" and "good workers" on employed mothers' decision making about health and social support, during life transitions such as birth of a first child or change in paid work has been examined (Kushner and Mudry, 2005). A thematic content analysis was constructed in relation to Hattery's (2001) typology of motherhood ideology acceptance: *conformist* (acceptance of dominant social ideology); *nonconformist* (rejection of dominant social ideology and construction of an alternative personal view); *pragmatist* (consideration of dominant social ideology as one aspect of social context influences); *innovator* (creation of alternative choices that accept dominant social ideology yet provide family and paid work participation). Previous research has been conducted on social ideology and its effect on health decision making, however, there has not been any research focusing specifically on women's orientation to worker ideology in relation to social support network composition.

Conclusion

Although there has been a wealth of research conducted in the area of employed mothers' paid work and family responsibilities, there has been less examination of the role of social support network composition, and even less investigation of ideology and social support network composition. While recent research has examined the influence of dominant ideology on health decision making, including social support decisions (Kushner, 2005; Kushner & Mudry, 2005), research focusing on the composition of social support networks exclusively, or a study using employed mothers' worker ideology as the primary organizing characteristic has been overlooked in health promotion.

Goal of Study

The purpose of this research was to examine employed mothers' orientation to worker ideology and their social support network composition. How an employed mother defines herself in her paid work life, her worker ideology, may impact her social support network composition, and thereby influence her choices and ability to manage stress from multiple paid work and family demands. Prior research has typically focused on women's orientation to motherhood ideology, without attending to the potential influence of worker ideology. Focusing on worker ideology provides a fresh perspective on employed mothers' decisions and practices around social support network composition. The women's orientation to worker ideology was used as a focus for comparing the potential difference in the composition of employed mothers' social support networks.

Chapter 3: Methods

Qualitative methods allow the researcher access into the subjective experiences and perceptions of participants. When participants articulate their own experiences, there is a greater accuracy in reflection on experiences, as well as a better understanding of the complexity of factors. Ethnography is exploratory in nature; this approach focuses on open-ended data collection (such as interviews) and inductive analysis and is most appropriate for this study. The goal is not to report in a quantitative manner how common any particular thing is, but rather to report the range of issues and concerns (Brett et al. 2002). "Ethnography isn't *just* about shared knowledge; rather, it's about the *practices of everyday life*, the way those practices are built out of shared knowledge, *plus* all of the things that are relevant to the moment" (Agar, 1996, p. 9).

A re-analysis of data was completed using two previous studies: *Women in Transition* (Harrison, Neufeld & Kushner, 1995) conducted between 1989 and 1991; and *Employed Mothers' Health Decision Making* (Kushner, 2005, 2007; Kushner & Harrison, 2002) conducted between 1998 and 2000. Both studies generated qualitative, longitudinal, prospective data using guided, interactive interviews and methods consistent with ethnographic approaches.

The purpose of the present study complements the intentions of the original studies. The *Women in Transition* study (Harrison, Neufeld & Kushner, 1995) examined women's choices of informal support during a life transition (having their first child, returning to paid work, and retiring from full-time employment). The *Employed Mothers' Health Decision Making* study (Kushner, 2005, 2007; Kushner &

Harrison, 2002; Kushner & Morrow, 2003) was a critical feminist grounded theory study examining how employed mothers in support staff positions made personal and family health decisions in the context of multiple roles in family, health, and paid work.

These two studies were also used in a recent re-analysis (Kushner and Mudry, 2005) to examine the influence of dominant social ideology of "good mothers," "the family" and "good workers" on employed mothers' decision making about health and social support. The current study began with the previously completed analysis of women's orientation to "good worker" ideology, and used this orientation as an organizing variable to compare social support network composition among employed mothers.

Three guiding questions were used to examine and compare employed mothers' orientations to worker ideology and their social support network composition: (1) What is the composition of employed mothers' social support network? (2) What types of social support networks are present? (3) In what respect does employed mothers' social support network composition differ in relation to their orientation to worker ideology?

Sample

The *Women in Transition* study (Harrison, Neufeld & Kushner, 1995) utilized purposive sampling to recruit volunteers by placing advertisements in community newspapers, community agencies and employment agencies. In this study, three transitions were involved: women having their first child, women returning to paid work, and newly retired women. The *Employed Mothers' Health Decision Making*

study (Kushner, 2005, 2007; Kushner & Harrison, 2002; Kushner & Morrow, 2003) used purposive and theoretical sampling to recruit women employed in a large publicly funded institution, through notices placed in a staff newsletter, on bulletin boards, and distributed to administrative offices. The sample in the present study included women from the two previous studies who were engaged in paid employment at least 20 hours per week and were responsible for the care of at least one co-residing child under 18 years of age.

Both studies were conducted in the same geographic region and consisted of in-person interviews and telephone interviews. Women were included if they were able to speak, understand, read and write English. The present study includes the entire sample from the *Employed Mothers'* study (n=20), and two of the three groups from the *Women in Transition* study (the new mothers, n=6; and mothers returning to paid work, n=5). The total sample included 31 employed mothers.

Data Generation

Study 1: Women in transition. The Women in Transition study was conducted over 28 months using guided, interactive interviews. The initial interview was conducted at each woman's home in order to establish rapport between the interviewer and the participant. The subsequent interviews were conducted by telephone. Three interviews were conducted with each woman over a period of 12 months. After each set of interviews were analysed, the women received a summary of the findings. Fourth interviews were conducted with all but two women, where each woman was asked to comment on the summary of the analyses and describe her experience over the intervening months. All interviews were tape-recorded,

transcribed and reviewed prior to each subsequent interview. Additional questions were developed to explore in more depth the themes and patterns that were identified in the content analysis.

Study 2: Employed mothers' decision making. In the *Employed Mothers' Decision Making Study*, interactive individual interviews were conducted with 20 participants, 19 of whom were interviewed in-depth twice and one interviewed once. Each woman was also interviewed twice by telephone following her participation in individual interviews. Interviews were conducted in an office or meeting room convenient to the woman's workplace, except three interviews which were in the woman's home. During the initial interview, a general interview guide was used to initiate and develop the conversation as needed. The second interview with each woman took place approximately 12 months after the initial interview. Each woman received a summary of the initial interview findings, and was asked to confirm or clarify the summary, analysis, and emerging theory. All but one woman participated in the follow-up interview. After analyzing the data from the follow-up interviews, women who had participated received another summary presenting the data, and were interviewed by telephone to comment on the summary.

Data Management

Data management and analysis for the present study was assisted by computer software designed for qualitative data, NVivo 7. This software is useful for managing data from a variety of sources, keeping data organized, coding, developing categories that emerge from analysis, and searching specific words for retrieval of exemplars and actual quotes from the data sets.

Data Analysis Strategy

Data re-analysis is a respectful practice that enhances an original study's contribution to overall knowledge in a cost effective manner (Jacobson, Hamilton & Galloway, 1993). Coding is at the heart of qualitative analysis as it begins the analysis, raises analytical questions, and is the first step in the developing theoretical categories (Charmaz & Mitchell, 2001, p. 165). Some researchers go as far as to say that "coding is analysis" (Miles & Huberman, 1994, p. 781). Coded data allowed for easy retrieval of individual cases and separate incidents that were extracted to shape descriptive and theoretical understanding of the larger process. Simultaneously, an emerging grasp of the larger process provided context for interpreting specifics. Negative cases were used to identify problems and make revisions. Conclusions were easily illustrated using verbatim quotes as exemplars of concepts and theories. When data was coded into themes, sections of text were easily pulled out to use as examples. The chosen analysis, "content analysis" essentially refers to the identification of meaning in text.

Analysis

Analysis was initiated by thorough review of all transcripts from the two data sets. Where available, demographic data were recorded from original demographic documents, and extracted from the interviews with the women. Particular attention was paid to types of employment, amount of paid work hours, marital status and age and number of children.

Orientation to worker ideology was established in a prior study of the same data (Kushner and Mudry, 2005), which extended Hattery's (2001) typology of

motherhood ideology acceptance (conformist, nonconformist, pragmatist, and innovator). Hattery's typology was extended to women's orientation to family and worker ideologies, as well as motherhood ideology. For the current study, only the worker ideology was used. As such, women were identified as belonging to one of five categories of orientation to "worker" ideology: 19 pragmatists, 4 conformists, 1 nonconformist, 1 innovator and 6 transitioning to innovator.

Stemming from the interview data, each woman's social network, including formal and informal sources/relationships, was depicted by constructing an ecomap. An ecomap is a clinical tool used for structural assessment, to map connections of support and negative relationships within a network and links the community (Wright & Leahey, 1997; Rempel et al., 2007) (see Appendix A for an example of an Ecomap). The purpose of an ecomap is to visually depict a support network, how the individual is situated and connected in the network, and interaction with larger systems. Important connections (nurturing and conflict-laden), and the extent and flow of resources are depicted (Wright & Leahey, 2000). Due to the nature of longitudinal interview data, an ecomap was created for each interview as a means to reveal change in women's support networks over time. The constructed ecomaps were used to categorize the women's social support network composition into a typology of social support networks, guided by current literature (Litwin, 2001; Wenger, 1997; Fiori, Antonucci, & Cortina, 2006, Fudge et al., 1997).

Each woman's support was then rated, by a number value, according to the perceived quality or consistency of that support. A *1* indicated regular, consistent use of social support; a *2* indicated a comfort in accessing or potential use of social

support; and a *3* indicated inconsistent support, a *4* indicated minimal support and a *5* indicated support that was mixed with negative interaction. Formal support was also coded into types: childcare; health care; life skills, groups (counselling, employment counselling, peer support groups); faith-based groups; and access issues. A second table was created where support was coded only if it had a score of 1 or 2, indicating regular or comfort in accessing support from that source. For example, if the woman had regular, daily social support from her parents (a score of 1); a comfort in being able to draw support from neighbours (a score of 2); very minimal or inconsistent support from her supervisor (a score of 3); but potential support from colleagues (a score of 2), she would be coded as having support from non-household family (parents), neighbours and workplace (colleague support). From this chart, each woman's support network was typified based on the number of sources of supports available. Each woman's network was characterized as one of three types: *restricted* social support network or 0-2 categories of support sources; *mixed* social support network or 3 categories of support sources; and *diverse* social support network or 4-5 categories of support sources. This scheme formed the typology of social support networks, thereby addressing the second research question, "what types of social support networks are present?" Finally, the typology of social support was combined in a chart, with the women's orientation to worker ideology to guide analysis for the final research question, "In what respect does employed mothers' social support network composition differ in relation to their orientation to worker ideology?" Findings related to the analysis of data for each research question posed are explained in the later sections of this thesis.

Rigour and Trustworthiness

Verification is a process of checking, confirming, and being certain. In qualitative research, "verification refers to the mechanisms used during the process of research to incrementally contribute to ensuring reliability and validity and, thus, the rigor of a study" (Morse et. al., 2002, p. 9). There are many checklists and technical lists of safeguards to rigour, however, they "achieve little unless they are embedded in a broader understanding of the rationale and assumptions behind qualitative research" (Barbour, 2001, p. 1115). To ensure rigour and trustworthiness, the following verification strategies were used: responsiveness; methodological coherence; and appropriate sample (Morse, et al., 2002).

In all stages of the research process, I remained *responsive* to change, and open and willing to relinquish any ideas that were poorly supported by data. Qualitative research tends to be non-linear and iterative, a constant back and forth process "between design and implementation to ensure congruence among question formulation, literature, recruitment, data collection strategies, and analysis" (Morse, et. al., 2002, p. 10). As themes and conclusions were formulated, efforts to ensure that they were supported by data were maintained. If any data were found to be inconsistent with developing conclusions, then conclusions were modified to address the inconsistencies. Negative cases or contradictory statements were sought out in the participant interview, which was essential in ensuring validity, as it illuminated aspects of the developing analysis that were initially less obvious. "Thinking theoretically requires macro-micro perspectives, inching forward without making

cognitive leaps, constantly checking and rechecking, and building a solid foundation" (Morse, et al., 2002, p. 10).

Methodological coherence ensures congruence between the research question and the components of the method. In the current study, the question matched the chosen methodology (ethnography), which correspondingly matched the data (qualitative) and the analytic procedure (content analysis). Creating a typology of composition of employed mothers' social support networks fits well within the ethnographic tradition. The use of qualitative interviews served to address the question in a methodologically congruent manner. The use of two separate samples of the population provided a form of triangulation, also consistent with the ethnographic tradition.

An *appropriate sample* consists of participants who best represent or have knowledge of the research topic. Sampling adequacy, evidenced by saturation and replication (Morse, 1991), means that sufficient data is obtained to account for all aspects of the phenomenon. By definition, saturating data ensures replication in categories; replication verifies, and ensures comprehension and completeness. In the present study data from two different temporal points were used, which ensured variability in the population frame, and therefore final sample. The sample was appropriate, employed mothers represent the population of interest, and there was a large enough sample to reach saturation. This was evident by the diversity in ideological orientations, family unit types, financial circumstances and paid work positions among the women.

Reflexivity

Research findings are produced through selective observation and theoretical interpretation of what is seen and by asking questions and interpreting what is said (Hammersley & Atkinson, 1995, p.18). Original orientation to workplace ideology and values related to employment were documented prior to beginning the study. Values and biases related to seeking and receiving social support were explored, and thoughts, questions, and conclusions throughout the research process were documented. Every effort was made to avoid imposition of assumptions and unsupported conclusions about the findings.

My ideological orientation to workplace was very conformist at the onset of the study. I found that I needed to be cognizant of my values and feelings around employment and motherhood in the initial stages, to ensure that I was not favouring any particular sub-group in my analysis. I did, however, experience a shift in my feelings and assumptions around worker ideology throughout the research process, becoming more aware that my orientation is somewhat fluid. Throughout the research process, I spoke to employed mothers about my research and their experiences of being an employed mother. I found this to be a successful strategy, as the diversity in their orientations reinforced the importance for me to be open and true to the experiences of the women in the study, as they perceived them.

Ethical Considerations

To ensure ethical research conduct, several strategies were used in the two original studies and continued through this study. Ethical approval was obtained by the Health Research Ethics Board (Panel B), University of Alberta, before beginning this study, consistent with the ethical approval obtained for the original studies.

Original ethical approval also allowed for subsequent data analysis. A letter from the principal investigator of each original study was included to support access to data for the study. In the two original studies, protection of the participants included obtaining informed consent from the women for all interviews, maintaining confidentiality of data, and minimizing risks to participants. Several accepted procedures for ensuring confidentiality were implemented in the two original studies: only code numbers identified tapes and transcripts, and tapes, transcripts, and notes were kept in a locked file cabinet separate from consent forms and code lists. In the present study, these strategies were also used to maintain confidentiality for the participants.

Research Questions

The examination and comparison of employed mothers' orientations to worker ideology and their social support network composition followed three guiding questions: (1) What is the composition of employed mothers' social support network? (2) What types of social support networks are present? (3) In what respect does employed mothers' social support network composition differ in relation to their orientation to worker ideology?

Chapter 4: Findings

A total of 31 women were included in the present study, ranging from 24 to 47 years of age and employed in a fairly large Canadian city. All of the women were from working-class or middle-class families, and all but one were of European descent. Most of the women were partnered, two women were not; and three of the women were in the process of separating or obtaining a divorce during the course of the original studies. The women cared for between one and four children, ranging from newborn to adulthood, and two women gave birth to a second child during the study. Most women cared for two or more school age children. Most of the women (18) occupied clerical positions, five were health care practitioners, two in technical positions, two in financial positions and the remaining four held various occupations from professional writer to building service worker.

Composition of Women's Social Support Networks

The first question posed was, "What is the composition of employed mothers' social support network?" To explore this question, ecomaps were utilized to pictorially depict the social support network of each woman. The interview data was coded by source of social support: household family support (from spouses, children living at home); non-household family support (from parents, siblings, in-laws, aunts and uncles); friends and neighbours; workplace support (from supervisors, co-workers and policies), and formal/organized support (health care, child care, life skills, and faith-based groups). Each of these sources of support is depicted in Table 1.0 in the appendices, and described in the following sections.

Household family support. Nearly all of the women spoke about household family support (spouse, children living at home) to some degree. The amount of support depended on children's age (if they were old enough to help); spouse's location of employment (if they employed in or outside of town); and general willingness of family members to provide assistance. Some of the women described a reliable, strong support from their entire family unit, both from spouses and particularly older children,

> *Everybody in this household has a night that they're responsible for cooking. And--including the girls. And my husband--everybody does. That becomes fantastic support for me.*

Other women, typically with young children who were unable to take part in family responsibilities, had spouses who were willing to provide assistance,

> *I have to say, my husband is wonderful. He helps with the housework, we do the grocery shopping together, because we take our baby and I just, I am not one of these to take her with me, it is hard...it is really 50/50, I have to say he is wonderful.*

Fathers would often take part in caring for a baby, providing a much needed relief for a new mother,

> *One of the biggest things is that he usually bathes her, he usually gives her her bath, that's their fun time together. We both read to her, he reads to her a lot.*

While many of the women in the study had strong spousal support, for numerous women, support was absent, most often because spouses were unable to help due to location,

> *I don't expect that support from my spouse and that's mostly because he works out of town. So when I have to make a decision as to whether the kids are going to do this or whether they are going to do that, I know it's me that is going to have to transport them there.*

In some cases, spouses were "*physically*" there and "*there for the bills*" but were not supportive in assisting in household responsibilities, sometimes upholding very traditional expectations, as one woman spoke from her husband's perspective,

> *You are the wife, you are the keeper of the home, you are the nurturer, you are the baker, the Laundromat lady, you are the ironer, if it gets done...we have seen a stereotype that I pity any girls getting.*

Many of the women spoke about spouses who were willing to help, but needed to be asked to do specific tasks. One woman expressed,

> *Even though my husband is very very helpful, I find that I'm still the one that is doing a lot of the organizing.*

In addition to having to organize household and family duties, some women felt pressure to look after certain responsibilities,

> *It always has to be me that stays home. That drives me nuts. It's really very irksome....I mean, I--apart from the fact that I really want to stay home with kids, it annoys me that it has to be me...It just annoys me that the expectation is that I will.*

The women spoke in a variety of ways about the support they were receiving. Some women rationalized their spouses providing little household support, with their being the breadwinner in the family,

> *It's really only his full-time employment that gives me this flexibility...so, you know, I really feel I've got to give him a lot of leverage.*

In contrast, another woman used the family finances as a form of leverage on her own behalf,

> *[My] financial security also means there's power in the relationship, too. And to me, like that's my anchor, that's why I can command and do what I want to do because I yank in enough money to have a say.*

In other cases, the women spoke about their supportive spouses as something that was planned on their part,

> *Every way that I have constructed my life over the last forty years seems to have...led me in the direction of working and...going back to work...I have a supportive husband--that wasn't an accident.*

The women also discussed how their family's provision of support changed once they returned to work after a period of being at home. Family members often adjusted their behaviour and were accepting of the change. One woman described her spouse's involvement,

> *Perhaps the biggest support that I can say he's given me, and I think it's wonderful too, is to stop complaining about it...he'll make three meals in a row now without complaining [laughs]. Where before I was lucky to get him to do one.*

Acceptance of responsibility sometimes diminished over time, as well. Women with older children reflected on how the novelty of helping out around the house began to wear off,

> *At the beginning it was sort of new, an added, you know, sort of responsibility and everything was smooth...everybody sort of made the effort. Whereas I think now after sort of a year and a half of working full-time, these things are not done... You know--and maybe, you know, Mom, if you weren't working I wouldn't have to do this.*

Some women felt that their dedication to their work prevented them from completing their share of household responsibilities, and while their family pitched in to cover this, provision of emotional support began to dwindle.

> *There aren't enough hours in the day for me to do what I want at work. And it is very definitely affecting the support I'm getting here. They are all telling me this is totally insane. And they're not being selfish; I mean, they're all taking up the banner and doing their chores the way I had hoped they would...[husband's] practically doing everything around here. He is not complaining about that. [but] ... they've absolutely refused to carry on supporting that.*

Non-household family support. Just over half of the women in the study mentioned non-household family support as being a large source of support used. Non-household family included parents, siblings, aunts and uncles, grandparents and corresponding in-laws.

New mothers in the sample frequently indicated support from non-household family (parents, siblings, aunts, uncles), often discussing the grandparents' excitement over a new baby. Parents and in-laws were very willing to offer practical support such as babysitting, often replacing formal daily child care,

> *We are going to actually have my mother-in-law as a full-time nanny now...We um, we looked into getting somebody else and then we asked her, 'cause we didn't want her to feel obligated to do it and we want her to enjoy the time with [the baby] and not always be burdened with her, but she wanted to.*

In addition to childcare support from parents and in-laws who lived in close proximity, some parents and in-laws traveled quite far, and stayed with the new mothers to assist with the baby and household chores,

> *One of the people that I found was really supportive was my mom...she came out about a week after [baby] was born, and was here for about two and a half or three weeks after that. And I found it was really helpful, she really helped out a lot in terms of just the everyday running of the household.*

Even as children grew older and no longer required formal childcare, parents and in-laws were often available for emergency contact,

> *I don't have to worry about [the girls] although they are too big to be at a sitter. If anything happens grandma can come very quickly, they don't live far...so they would help us look after the kids.*

Siblings and siblings-in-law were also a very important source of support. Those who were already experienced parents were often called upon for their wisdom,

> *I'll phone up my sister-in-law for advice--on um, usually--usually medical stuff.*

Siblings (and in-laws) with similar aged children also formed mutual support assistance, trading off various tasks and childcare responsibilities,

> *My sister lives next door to me so it's not the same for us. We've got a holiday on Monday, 'Ok, which one of us is doing it?'*

Almost half of the women did not have any support from non-household family (parents, siblings, aunts, and uncles) due to location. One woman explained,

> *I became very self-reliant when I came here because suddenly I went from having grandparents, my parents, I've got four brothers and two sisters and the same amount of brothers- and sisters-in-law, and this whole network of family that was just there--you know, that you took for granted. In emergencies there was someone who could come. And I came here with these four little tiny children, and there was nothing.*

Although it was common among women in the study not to have access to family, many of the women in the study felt alone in their situation,

> *Every single friend that I have in this city has a family in this city. So I see, usually it's both sets of parents, and I don't have ANY family in this city and it is SO difficult to know that I just can't call up Grandma or Grandpa or an*

Aunt or Uncle and say, "Can you come and help me out because it's not there."

In contrast, while some women longed for the support of relatives, other women had access to, but rarely used, support from extended family,

I have not relied on my parents or my brothers and sisters, who I've told you don't live nearby. So I haven't gotten any support from them in the sense that I never asked for it.

Non-household family social support was occasionally offered conditionally, or inconsistently. Some of the mothers spoke about unsupportive comments regarding choices they made about working or going to school rather than staying at home with children,

Certainly [support is] there, but they don't understand why I'm working. Like why--why can't you just be content, I mean ... financially we're relatively comfortable, why can't you be content to just stay at home.

Friends and neighbours. Almost two-thirds of the women in the sample indicated that friends and neighbours were an available source of support that they drew on. A distinction between friends and neighbours was not made in this analysis because the women themselves did not always make a distinction. Their neighbours were friends and their friends were often neighbours, frequently the parents of children's playmates.

Interestingly, when non-household family support was not available, support from friends and neighbours often took their place, serving as a surrogate family,

So--but really I don't--it's because have any family here, I've only got friend....So they're like substitute family.

One woman defined one of her friends as a sister,

I have a few very, very dear friends that I will not give up...girlfriend is my sister. And she's helped raise these kids so that's it, we're all in it together...She is family. We don't even define it any longer, she is family...She is my sister so. And she is a huge support for the kids.

Another woman commented,

I guess, very special girlfriends, very close friends, they are like sisters...Probably even better than a sister...you know, you can talk to them and you know that it's not going to go anywhere else and so that's been, I think, for me has been very helpful in dealing with a lot of things.

In addition to emotional support, friends and neighbours were also an important source of information and advice drawn from experience. One woman stated,

There are several ladies around me that I have talked to and a variety of ages. To get their viewpoint from an 'already been there, done that' point of view.

Another woman described the strong, consistent source of information a neighbour provided,

The one neighbour with four children--I mean, you can phone her at any time of the night and she'll tell you, oh, do this or do that.

Many of the women spoke about mutual support between women focusing being an employed mother and balancing employment and family. One participant said,

> [It was] *helpful to talk to people who have children who've planned to go back to work, or who have gone back to work, and what kind of sort of babysitting arrangements have they made, [and] what was it like emotionally for them to go back to work.*

Another woman spoke about her network of employed mothers and the supportive affirmation that she received in that group,

> *We have in our circle of acquaintances people who are accepting of working women...and encouraging in that sense.*

Friends and neighbours often provided very practical, tangible support. Many of the women spoke of the necessity of their network of mothers helping each other:

> *I rely on my friends to help me with the children's activities if I can't, say, drive them to where they're going. We have a kind of support system built up among my working friends whereby we exchange that kind of assistance whenever it's necessary...And several friends who would help us to meet commitments when we simply couldn't manage it ourselves.*

While some women relied quite heavily on practical support from friends and neighbours, some women were very reluctant to tap into this source of support,

> *I would feel guilty to ask say any of my friends because they're all working and they have children and -- you know, they don't have a lot of time either.*

When mothers accepted help, they often tried to ensure that that support source would be maintained.

If I have to call on someone, I try to make very sure I either reciprocate or--or there's a thank you or something there because I want to make sure that support is always available to me when I need it.

A third woman reflected,

Well I just feel really bad if I have to ask anybody for help...It's easier for me to hire somebody than to ask somebody...I'd feel like I'd need to return the favour somehow and that if I'm not sure that I can do that in a reasonable period of time then I just wouldn't ask in the first place...I guess the other thing is I want to feel in control of your own life and if you have to constantly be out asking people for help well then you're not totally in control or that's how it appears.

Socializing with friends and neighbours was an important form of social support frequently mentioned among mothers with children of all ages. A new mother found an informal social support network in her neighbourhood,

There's four of us, all that have new babies. So lots of times in the afternoons we'll get together.

Another woman described the importance of spending time with friends, because it *"builds you up so that you can recharge your batteries and go on to the next month."*

Workplace support. Most of the women spoke about workplace support, although there was variation in consistency and type of support. Some of the women in the study experienced full support and flexibility,

All the staff is really supportive and my boss is incredibly flexible...So when there are times when I want to be at, with my kids like at school functions it's

always workable that I can, you know, work different hours or whatever and just be there for them.

Workplace support included switching shifts to be more child care friendly, changing schedules, having flex time, and changing position in the workplace. One woman explained,

I got job-sharing rather than casual. I mean, that--you know, that's more stability as far as knowing when you're actually going to work.

Coverage and medial benefits were frequently mentioned, especially among lone mothers or those with spouses whose employment did not provide benefits,

I am very grateful for this job, a lot of the time, for all of the different health care coverage you have 'cause because of it I have the options. You know, I can go to the doctor, if the doctor I had, or have the dental surgery to get the dentures or whatever we have to do....without worrying about, "How am I going to afford this?" And making choices based on that so I am REALLY grateful for that.

Many of the women identified with supervisors who were also mothers, and concluded that their supervisor's supportiveness was linked to a shared understanding of motherhood. One woman reasoned,

She's just a great boss. She's brought up two boys on her own and she knows what I mean when I say, "I have to go on a field trip", she knows I have to go on this field trip...And she never complains.

Other women believed that any support and flexibility in the workplace had been earned, by hard work and time spent in the workplace. For example, one woman suggested,

> *I think given the fact that I've been here this long, 12 years, my boss truly does appreciate me and my skills so when I do have to leave early it's a matter of me saying, 'I'm working through my lunch, I am leaving early and I have to do this.' She's fine with that.*

Not all of the women thought highly of the formal policies in place, and indicated their belief that poor policies were due to male dominance in managerial positions and a lack of identification and understanding of mothers in the workforce,

> *I think that the policies...They're not flexible, I think they were written by men who had never had to stay home with their children...Because they were always male bosses and they were always, I have never had a woman boss ever haul me up on those kinds of things. And I will never do that, as a woman, to one of my employees...I would ALWAYS allow that flexibility.*

It was also common for the women in the study to make an extra effort to secure flexibility and support, by extending work time, in anticipation of needing time away,

> *I put in a lot of extra hours at work, so they can't really say to me, 'You were half an hour late coming in.' ... 'Cause then I can turn around and say, 'Oh, yeah, right!' You know, I am here an hour extra every day. So that gives me a little bit of leeway, I guess.*

Another woman explained,

I don't normally take coffee breaks or lunch breaks, this is my way of putting up with the fact that I will leave at 4:30, come hell or high water

While many women felt that their workplace was supportive, about one-third of the women felt an inconsistency in the support available in the workplace. Inconsistency indicated that there was support from coworkers but not supervisors, or that the supervisors themselves were inconsistent from time to time, or situation to situation. One woman explained,

I've always felt that I had a very supportive supervisor. And yet through all my, the last few months with what I've been through it's like she recognizes what I'm going through but she's not actually giving me the support that I really would have liked.

Some of the women felt that their supervisors were not supportive at all, on occasion experiencing personal tension,

There it is a little bit of a struggle, tension between the supervisor and myself...She has more education. But I've been there longer. She sometimes makes me feel like I don't know my job and...[choked up voice]...When I think of some of the other comments that come to me or some of the remarks that come to me from the supervisor I am ready to quit because I don't need this.

In other cases when women felt that they were unable to take time off to tend to family needs, the women would use their own sick time. In some occasions their personal sick time was questioned,

I had numerous phone calls throughout the day by various people, you know, wondering if I was at home or if I was out shopping...{Um} I had requests for

numerous letters from medical reasons to support the reason why I was away constantly, constantly

Some women discussed an organizational culture that minimized the allowance for family time for mothers; management and policy being created by men who could not identify with motherhood. Women also discussed the inequality of expectations based on gender. The women noticed a very different reaction to men utilizing family time in the workplace,

I find there is more support for men taking care of the kids than women, and that is also REALLY interesting!...But if some guy needs to take time off to go get the kids from somewhere, they are so supportive...Stayed home after the wife had the baby to help her out for a whole week, ok, isn't he great! I mean, it's amazing, because they think he's a...he took a week of his holidays; she's taking 6 months of her life!

Formally organized sources of support. Almost two-thirds of the employed mothers mentioned accessing formal support sources such as child care, health care, life skills counseling, support groups, social groups and faith groups. The formal sources of social support were divided into four categories: *child care*; *health care* (which included doctors, nurses, prenatal care); *life skill groups, counseling and employment counseling* (which included support groups, addiction support groups, counselors); and *faith-based groups.*

Most mothers with young children mentioned child care, such as daycares, day homes, and baby sitters, often when there were not informal (family member or friend) childcare arrangements. Formal child care was seen as supportive if it was in a

convenient location, if the mother was very fond of the provider and if the child was perceived to be happy. Many of the women stated that it was imperative that her child was happy in the child care arrangement and that she felt comfortable leaving the child to be in the workforce.

> *When I came back to work I was very nervous, it was nerve-wracking for me leaving the baby, you know...But as long as I know she's happy then I am fine with working, but if I knew she wasn't happy then I couldn't do it.*

Many of the women mentioned health care professionals such as doctors, nurses, prenatal class instructors, public health nurses, chiropractors and even herbalists. Usually women spoke about these professionals being especially helpful, patient-centered, or flexible. One woman explained,

> *We have a very good doctor...We phone him, he understands that I don't like taking a lot of meds. So he is willing to work within that.*

Natural health practitioners such as herbalists were mentioned as a large source of support, as one woman reflected,

> *You know, the biggest one actually still has been this herbalist lady. Has been my VERY biggest support and I go to her almost like a counselor.*

Some new mothers spoke about informational support from prenatal classes and public health nurses,

> *The prenatal classes were very helpful. And I think just meeting other people and talking to them even casually about what their experiences were like, or are like, going through the pregnancy, like people that--in the prenatal classes that I didn't know before.*

Similarly, support groups in the community for new moms were also a solid form of support,

> *I go to the New Moms support group at Public Health [and find it] excellent. Especially in the beginning ... because it was just again support in hearing everybody's going through it.*

Mothers with children who had special needs had particular support requirements. One mother spoke about her son's ADHD and his very supportive doctor,

> *I've got him a doctor, he's a good doctor, he sees the doctor on regular basis and monitors his behavior in the way that he seems to be reacting to different things. I have free rein to adjust his medication if I need to. And I do that when I think it will benefit him.*

Many of the women were involved in social support groups related to various life issues such as parenting and addictions. Some women attended parenting groups; as one woman having trouble coping with her adolescent daughter explained,

> *It was so, like really bad time, I start to read, I start to go to Tough Love Parents, like you know meeting...We start to talk to other parents, I start to read the articles.*

A few women also received support from their involvement in addictions-focused groups, such as Narcotics Anonymous and Al-Anon. One woman who was actively involved in Narcotics Anonymous described,

> *Where I get that input is the only place I've ever got it, was in the rooms of Narcotics Anonymous. I get that validation there. I know I can go there, to certain meetings, where there are certain people that go there, and say*

anything and be heard and understood and acknowledged and somebody in that room will have had that experience and be able to relate that and I don't feel like I am all by myself in this void.

Other women in the study sought out psychologists, counselors, employment counselors and other formal social supports available in the community. One woman described the social support she received from her employment counselor,

She was the employment agency that I went through. And I have talked to her since, and, you know, she is, you know, happy to hear that I'm really pleased with my work, and she--she still says, see, I told you [laughs] that--that you could handle it.

A few women also spoke about the support they received through spirituality and organized faith based organizations and groups. One woman stated,

What I really notice that during the very difficult times I open myself up more to God, spiritually.

Other women were involved in bible study and choir. In bible study groups, the women found social support from the group,

And I found people and I found women, older, and talk to like all the women who had raised so many kids and asked them, "How did they" like, you know, and they were always telling me the life, their struggles, their problems, their experiences and they said, "I left everything to God" and, of course, He cannot fix everything but He help you too.

While many of the women spoke highly about the formal support services in their community, some of the women experienced difficulty in accessing these support services,

> *Information is not easy to get, I've learned more by talking to some of the special needs counselors that come in with their volunteers, about agencies. I didn't know there was this Parent Advocacy Group for...with children like my daughter...I don't know, I don't think the health care system is ready for people like me.*

Many other mothers spoke about the difficulty in accessing the support they required. One woman talked about having difficulty reaching and speaking to service providers,

> *I phoned the city to see if I could qualify for some type of subsidy for daycare and I phoned 4 days in a row and left messages every day and I've never ever heard from anybody, I kind of gave up.*

In contrast, other women discussed the importance of being proactive in their attaining support,

> *Some things are easy to access and other things are not. But I haven't ever come across something that I couldn't access. You know, whether it's educational services or healthcare services or whatever, I've been able to get access to what I need...but this speaks also to this whole thing that I tend to believe is that we all have a responsibility*

Typology of Social Support Networks

To address the second question, "What types of social support networks are present?", the interview data that was previously coded by source of social support, was then categorized by availability of each social support source grouping (household family, non-household family, friends and neighbours, workplace, and formally organized support). A level *1* indicated that the support was available and used regularly; a level *2* indicated that the source was available if needed, or the potential for social support was perceived by the women; a level *3* indicated a support source that was inconsistent; a level *4* indicated minimal support; and a level *5* described support that was compromised by negative interaction. Each source of support was given an *available* or *not available* designation. Those groups that contained a 1 or 2 designation were considered *available*, whereas those with a 3, 4, or 5 in availability were considered *not available*. For each kind of social support, there was often more than one source, with varying levels of availability. For example, a woman may have parents who were regularly available (score of 1), and a sibling who was available but the support was often accompanied with guilt (score of 5). In this case, the woman's non-household family support would be coded as available, because at least one source was consistently or potentially available. From here, the number of social support network types for each woman was tallied (see Table 2).

Table 2

Employed Mother Social Support Network Categories – Availability

Worker Ideology	Household Family	Non-household Family	Friends and Neighbours	Workplace	Formal	Number of Supports
Conformist	--	--	--	--	--	0
Conformist	X	--	X	X	--	3
Conformist	X	--	X	X	--	3
Conformist	X	--	X	X	--	3
Conformist - Innovator	X	X	--	X	--	3

Conformist - Innovator	X	X	X	X	X	5
Innovator	--	X	X	X	X	4
Nonconformist	X	X	X	X	X	5
Pragmatist	X	--	--	X	--	2
Pragmatist	X	--	--	--	--	1
Pragmatist	X	X	--	X	X	4
Pragmatist	X	--	X	X	X	4
Pragmatist	X	--	X	X	X	4
Pragmatist	X	--	--	--	--	1
Pragmatist	X	--	--	X	X	3
Pragmatist	X	--	X	X	X	4
Pragmatist	X	X	X	X	X	5
Pragmatist	X	X	--	--	X	3
Pragmatist	X	X	X	X	X	5
Pragmatist	X	--	X	--	X	3
Pragmatist	X	X	--	--	X	3
Pragmatist	X	X	--	X	--	3
Pragmatist	X	X	--	X	--	3
Pragmatist	--	X	X	X	X	4
Pragmatist	X	X	X	X	X	5
Pragmatist	X	X	X	X	X	5
Pragmatist	--	--	X	X	X	3
Pragmatist - Innovator	X	X	X	X	X	5
Pragmatist - Innovator	--	--	X	X	X	3
Pragmatist - Innovator	--	X	--	--	--	1
Pragmatist- Innovator	X	X	X	X	X	5

The women's networks were then organized as one of three social support source types: *restricted* social support network (0 to 2 categories of support sources available), *mixed* social support network (3 categories of support sources available), and *diverse* social support network (4 to 5 categories of support sources available). The women with four sources of social support sources available were typified in the same group as the women with five sources, because they had more in common with each other than with the women with three sources. For example, both the women with four sources and the women with five sources *always* had workplace and formal social supports, whereas the women with three sources did not. Of the 31 women, 14 women had diverse socials support networks, 5 women had restricted social support

networks and 12 women had mixed social support networks. There were distinctive characteristics in each type of network.

Diverse network. All 14 women in the diverse social support network type had both workplace and formal social supports available (see Table 3). Eight of the 14 women had all five sources of social support available. Thirteen of the 14 woman had friends and neighbours available for social support. The lone woman who did not have friends or neighbours available for support did have both household family and non-household family social support available. Those women with four sources of support differed in the availability of household family (spouse or children living at home) and non-household family (parents, siblings, aunts, uncles) social support. Interestingly, the women with four sources of social support tended to have either household family *or* non-household family, not both, along with friends and neighbours. There were three women with household family social support but no non-household family support (spouse, children living at home), and two women with the opposite; they had non-household family support (spouse, children living at home), but no household family (spouse, children living at home) support. The table capturing the diverse type of social support network follows below.

Table 3.
Diverse Type

Worker Ideology	Household Family	Non-household Family	Friends and Neighbours	Workplace	Formal	Number of Sources
Conformist - Innovator	X	X	X	X	X	5
Innovator	--	X	X	X	X	4
Nonconformist	X	X	X	X	X	5
Pragmatist	X	X	X	X	X	5
Pragmatist	X	X	X	X	X	5
Pragmatist	X	X	X	X	X	5
Pragmatist	X	X	X	X	X	5
Pragmatist	X	X	--	X	X	4
Pragmatist	X	--	X	X	X	4
Pragmatist	X	--	X	X	X	4

Pragmatist	X	--	X	X	X	4
Pragmatist	--	X	X	X	X	4
Pragmatist - Innovator	X	X	X	X	X	5
Pragmatist - Innovator	X	X	X	X	X	5

Restricted network. Of the five women in the restricted type, one woman had no social support sources, one woman has two social support sources, and the remaining three women had one social support source (see Table 4). In sharp contrast to the women with diverse networks, none of the women in the restricted network type had friends or neighbours, or formal sources of support available to them. Three of the women had only either household family (spouse, children living at home) *or* non-household family (parents, siblings, aunts, uncles) social support; one woman had workplace social support in addition to household family social support. It should be noted that although some of these women may have described about relationships that may have been supportive at times, their descriptions of their experiences indicated a very limited access to consistent actual or potential social support. Table 4 depicts the restricted type of social support network.

Table 4.
Restricted Type

Worker Ideology	Household Family	Non-household Family	Friends and Neighbours	Workplace	Formal	Number of Sources
Conformist	--	--	--	--	--	0
Pragmatist	X	--	--	--	--	1
Pragmatist	X	--	--	--	--	1
Pragmatist - Innovator	--	X	--	--	--	1
Pragmatist	X	--	--	X	--	2

Mixed network. Women who were in the mixed social support network type had three categories of sources of social support available to them. Most of these women had household family (spouse, children living at home) support and

workplace support. Half of the women utilized formal sources of support such as child care, health care and life skills groups. Where the women tended to differ however, was whether they had non-household family support (parents, siblings, aunts, uncles) *or* friends and neighbours. The women had one or the other, never both, and in one instance, a woman had neither. Half of the women had non-household family support available and the other half of the women had friends or neighbours available (see Table 5). As with the women with diverse social support networks, there was an identifiable pattern of either family or friends available as sources of support. Table 5 illustrates the mixed type of social support network.

Table 5.
Mixed Type

Worker Ideology	Household Family	Non-household Family	Friends and Neighbours	Workplace	Formal	Number of Sources
Conformist	X	--	X	X	--	3
Conformist	X	--	X	X	--	3
Conformist	X	--	X	X	--	3
Conformist - Innovator	X	X	--	X	--	3
Pragmatist	X	X	--	--	X	3
Pragmatist	X	X	--	--	X	3
Pragmatist	X	X	--	X	--	3
Pragmatist	X	X	--	X	--	3
Pragmatist	X	--	--	X	X	3
Pragmatist	X	--	X	--	X	3
Pragmatist	--	--	X	X	X	3
Pragmatist - Innovator	--	--	X	X	X	3

Orientation to Worker Ideology

The third research question this study addressed was "In what respect does employed mothers' social support network composition differ in relation to their orientation to worker ideology?" Analysis completed prior to the current study identified the orientation to worker ideology of the 31 women considered in the current study (Kushner and Mudry, 2005). The categories of orientation used were:

conformist, non-conformist, pragmatist and innovator. Pragmatist was the most common orientation, reflecting the identified perspectives of over half of the women in the sample. Several of the women transitioned from either pragmatist or conformist to an innovator status over the course of the interviews. Each orientation in relation to the women's described experiences will be discussed.

Conformists. There were four women in the study whose experiences provided evidence of a conformist orientation, accepting the dominant worker ideology. These women tended to see themselves as career women and were willing to work exceptionally hard as a "commitment" to their job. One woman described her role in her workplace,

> *I give 110%, I am one of those kind of people, I don't do anything unless it's done well....So, as a worker, that's the same kind of role I bring in. I like to be better than everybody else, I like to come up with ideas that nobody's even thought about yet.*

Some women found that other people in their workplace were not always supportive of their ambition, as one participant reflected,

> *Some people are looking at me and saying... some even call it ladder-climbing, you know, feet-kissing--all those kinds of wonderful things.*

Women with a conformist orientation to worker ideology often became consumed by their paid work, as one woman described,

> *It's an extremely demanding job--very consuming. I have to really work hard ... at not working when I'm at home. I bring work home.*

Bringing work home was also found to cause tension at home, as one woman revealed,

> *On the long weekend I worked every single day...A weekend which my family had clearly planned on having me home...they were planning on us all being home and having a relaxing time and the usual kind of long weekend holiday thing.*

Nonconformists. Nonconformists reject the dominant worker ideology in favour of developing a new, personal worker ideology. There was only one nonconformist evident in the sample of employed mothers in the current study; she was in a position where there was no financial need to be employed. Her financial security framed her ideological beliefs about the workplace, and allowed her to be demanding in the flexibility of the position that she would accept in the workplace. In negotiating a new job, this woman asked a potential boss about working less than full-time, in a full-time position,

> *If the employer says, 'No, I am sorry there is not flexibility' I can say, 'Well, thank you for considering me and I really appreciate it but I'm not prepared to work those hours because I would miss out on my kids.'*

Pragmatists. A pragmatist orientation represented the largest group of women, including 19 of the 31 women. Pragmatists often made the distinction between a "career" and a "job," and saw themselves foremost as a mother. One woman compared herself to her supervisor,

> *She's always been, she's a mother herself, but she's much, much more of a career woman than I would ever be.*

Another woman reflected,

> *I don't consider my job a career. I consider it something that we have to do as a family now, as husband and wife, where I have to chip in. I don't consider it a career. It never has been to me, my career more is my, is a mother. That to me is number one.*

Innovators. There were six women who transitioned from a conformist or pragmatist orientation to that of an innovator, and one woman who sustained an innovator orientation status. An innovator is someone who creates alternative strategies in order to conform to the dominant worker ideology or support multiple ideologies, yet not conform to the usual or expected strategies. In one situation, the participant secured supervisor approval to alter her paid work hours so that she could be successful in her position at work, as well as avoid the use of child care to be home with her children after school. Another woman managed her own business, which allowed her flexibility to choose her own availability, yet realize her interest as an entrepreneur.

Social Support Network in Relation to Worker Ideology

Worker ideology and social support. The social support network of each woman was examined in relation to her identified orientation to worker ideology, to address the third research question. This analysis attempted to identify patterns that might be evident between women's social support networks and worker ideology, for the employed mothers in this study.

Pragmatists. Over half of the women in the study were pragmatists in their orientation to worker ideology. Almost all of the pragmatists had household family

support (spouse, children living at home), approximately three-quarters had workplace support (supervisors, co-workers, policy), and three-quarters utilized formal support. Approximately half of the women had non-household family support (parents, siblings, aunts, uncles), and about half had friends and neighbours as available sources of support. Almost half of the pragmatists were of the diverse type, three were in the restricted type, and seven were in the mixed type of social support network.

Of the nine pragmatists in the diverse network type, five of the women had four sources of support, and four of the women had five sources of support. All of the pragmatists in the diverse category had formal and workplace support identified as social support sources that they utilized. All but one woman identified friends and neighbours, and, all but one woman identified household family (spouse, children) as a source of social support utilized. Six of the nine women identified non-household family (parents, siblings, extended family) as a source of social support.

There were three pragmatists in the restricted type of social support source network. With only five women in this category, pragmatists comprised over half of this type. Two of these pragmatists had only one source of social support, and one had two sources of social support sources identified. All three pragmatists in this type identified household family as a source of support, and one woman identified workplace as a source of social support.

There were seven pragmatists in the mixed type network, each having three sources of social support available. All but one pragmatist had household family support and five of the seven women had formal support sources available to them.

Only two of the pragmatists in this category had friends and neighbours identified, both of those women not having any non-household family (parents, siblings) available for support. This pattern may indicate the creation of a surrogate family for these women. Four of these women identified workplace support, and four of the women identified non-household family as a source of support.

Innovators. The innovators and those women who transitioned into innovators varied in social support networks. Four of the women had a diverse network, two had a mixed network, and one woman had a restricted network. With the exception of one woman, all of the women with an innovator orientation had workplace support (supervisors, co-workers, policy) available. All three women who transitioned into the innovator orientation had workplace support; which may be indicative of the women transitioning into a more supportive work environment.

In the diverse type, there was one innovator and three women who transitioned into the innovator type. All three women who transitioned had all five sources of support identified. This may indicate that a supportive network with diverse sources may facilitate process or enable a transition in her orientation to worker ideology. The lone innovator had four sources of social support, lacking only in household family support.

There were two women who transitioned into the innovator orientation in the mixed type, and one woman in the restricted type. The woman in the restricted type only had one source of social support, that being non-household family. The two women in the mixed type only shared 1 source in common, that being workplace social support.

Conformists. The conformists were an interesting but small group of women. All but one woman were in the mixed type of social support source network. The lone woman had a restricted network, with not one social support source identified. None of the conformists had formal social support identified as a source, and none of them had non-household family social support identified as a source. All but one of the women had household family support (spouse, children living at home), friends and neighbours, and workplace support (supervisors, co-workers, policy).

Nonconformists. There was only one non-conformist in the study. She had a diverse social support network, with all five forms of support available to her. This finding may suggest that a supportive network with diverse sources may be essential in sustaining a non-conformist orientation to worker ideology. Conversely, it could mean that a woman who holds a non-conformist orientation or worker ideology may be more likely to tap into available sources.

Chapter 5: Discussion and Implications

Composition of Social Support Networks

From the initial analysis of the interviews with the employed mothers in this study, it became clear that there were five main sources of support that these women accessed: household family (spouse, children living at home), non-household family (parents, siblings, aunts, uncles), friends and neighbours, workplace (supervisors, co-workers, policy), and formally organized social support services. These categories are not identical to any of the studies reported in the literature; however, similarities with all of them are evident. For example, the finding that family was a source of social support for women as employed mothers is not surprising. Most social support typologies include family as a source of support (Litwin, 2001; Wenger, 1997; Fiori, Antonucci, & Cortina, 2006, Fudge et al., 1997), although they tend not to distinguish between household and non-household family. This difference may be attributed to the nature of the sample. This study examined the social support networks of employed mothers with a child under the age of 18 in residence; having an older child at home willing to assist with household duties would be considered a household family support. In addition, these women were often younger or early mid-life and may have parents and siblings available for support, a non-household family support. Much of the existing social support network literature focuses on the social support networks of seniors (Fiori, Antonucci, & Cortina, 2006, Litwin, 2001; Wenger, 1997), who may not have parents or siblings able to provide social support (non-household family).

Similar to Litwin (2001) and Fiori et al. (2006), friends were a major source of support identified for the women in the current study; comparable to Litwin (2001) *neighbours* were also a common source. The women in this study used the terms "friends" and "neighbours," therefore, these sources were grouped together to form one category. When describing the support provided by friends and neighbours, the women spoke about affirmation support and the experience of the challenges of work/family responsibilities, providing helpful advice, and tangible support, similar to the findings of Lee and Duxbury (1998). Hirsch and Rapkin (1986) also found friends to play a significant role in supporting employed parents. The finding that some of the women were reluctant to seek out and accept support due to uncertainty in their ability to reciprocate, is also consistent with earlier work where reciprocity was identified as an important property of social interactions (Israel, et al., 1984, Shumaker & Brownell, 1984). Previous studies have also found reciprocity to be an important factor for women caregivers when negotiating social support (Neufeld & Harrison, 1995)

Most of the women in the current study discussed workplace support, some of the women experiencing full support and flexibility, while others found support to be lacking or inconsistent. The women discussed formal social support in the workplace in terms of benefits and policies, flexible time, and informal social support in the form of understanding supervisors and coworkers. This is in line with other research addressing social support in the workplace. In a study by Lee and Duxbury (1998), employed parents identified five supports in the workplace: benefits; family responsibility leave; support and understanding by supervisor and coworkers; work

time flexibility; and opportunities to work at home, or work-location flexibility. Similarly, Raabe and Gessner (1988) found the most commonly mentioned workplace benefit was family responsibility leave, or the ability to take time from work to attend to family responsibilities. While many researchers describe workplace support as a collection of support sources, Behson (2005) distinguished between formal organizational support, such as flextime and child care, and informal organizational support, such as supportive supervisor and organizational culture. Further research should be done to examine the availability of workplace social support, distinguishing between formal and informal forms.

Formally organized social support is often addressed in social support literature, as a type of social support, usually in a comparison to informal social support, or support provided by friends and family. In the present study, formal social support was mentioned as a health resource or service, but was not spoken about as a support in the same way as informal social support. This may be due to the formality of the source, often looked at as a service provided by the government such as health care programs, health professionals and social services; or a paid for service such as childcare.

Typology of Social Support Networks

In the second focus of analysis, women's sources of support were categorized and identified as types according to the availability of each kind of support: *restricted, mixed,* and *diverse*. The types of networks identified in the current study reflect terms and concepts that are similar to prior social support network typology research. Litwin (2001) and Fiori et al. (2006) both identified a *diverse* category,

similar to this typology, whereas Wenger (1997) created a locally *integrated* category and a *wider community category*, distinguishing proximity of family members. Fudge et al. created *diverse* and *semi-diverse* categories that include community involvement, family and friends, but differed on the amount of community involvement. Litwin's *restricted* network type is similar to this study's restricted type, and similar to Wenger's *private-restricted network*. Fiori et al. further distinguish two different types of *restricted* networks; a *non-family network*, and a *non-friends network*. This distinction is evident in the current study as well. Whereas all of the researchers acknowledged a diverse and a restricted type of network, there were various terms used to identify "in between" networks based on characteristics such as proximity and community involvement rather than levels of availability.

Of the 31 women in this study, five had a restricted network, 12 had a mixed network, and 14 had a diverse network. It is a positive finding that there were only five women in the study with a restricted typology. This indicates that a large majority of the employed mothers in the study had at least three forms of social support available. Since all of the women in the sample were employed, it is noteworthy that Stoloff and colleagues (1999) found that women were more likely to be employed when they had higher quality and more diverse social resources available through their social networks. An interesting follow up study would compare the social support networks of employed mothers with unemployed mothers.

The finding that women in the mixed type tended to have either non-household family support *or* friends and neighbours may signify the importance of having external support, outside of the household, whether it is from family or

friends. If non-household family members are available the women may utilize them as support, if there are no non-household family members available or near by, the women may seek out friends, as a surrogate family.

Social Support Typology and Orientation to Worker Ideology

It is logical that most of the women in the current study were pragmatists as the balance of work and family would require some very pragmatic decisions and organization. It is interesting that the pragmatists consisted of around 60% of the entire study sample and again about 60% of each of the support network types identified here. If pragmatists represent the "typical" or most commonly employed mother in North America trying to balance work and family, then it is reasonable to argue that the average woman would also represent the majority. It is also logical that the majority of the women are pragmatists, as the choice to balance paid work and family is by its nature pragmatic.

The noteworthy findings in the current study, however, may be related to the women with non-pragmatist orientations, but the sample numbers are small, therefore findings must be interpreted with caution. In the current study the innovators and the conformists tended to have mixed and diverse typologies, which could support a speculation that innovators and conformists may seek out more variation in sources of social support to support their orientation to worker ideology.

The finding that all four conformists did not identify formal social support as a source of support utilized is interesting. It could be argued that those women who identify strongly with the traditional worker ideology may actively avoid accessing formalized social support because they may feel that they must balance their paid

work life and family life without the help of external social support. This may reflect the "separate spheres" perspective, where women ought not to combine motherhood and paid-work involvement. (Johnston & Swanson, 2003b, p. 245), whereby, the message is that one ought not to utilize formal supports as it might reflect an inability to embrace both ideologies. In contrast, they may feel that they have enough social support available to them through informal sources such as friends and neighbours and household family support. Indeed, all but one of the women indicated household family support as a source available to them. This suggests that a supportive spouse may be essential in maintaining a conformist orientation, or conversely a woman may choose a supportive spouse to match her conformist orientation. One woman explained,

> *Every way that I have constructed my life over the last forty years seems to have...led me in the direction of working and...going back to work...I have a supportive husband--that wasn't an accident.*

A supportive workplace also seems to be prominent in the lives of those women of the conformist orientation. This may indicate that a supportive workplace may be imperative in maintaining a conformist orientation or worker ideology. Conversely, a supportive workplace may encourage a conformist orientation, or perhaps, a conformist may perceive their workplace as more supportive than someone who does not identify as strongly with her worker ideology. The women's worker ideology may guide perceptions of the workplace; different ideological orientations may rear different perceptions of the same workplace environment.

The finding that most of the women who transitioned into an innovator orientation tended to have more support, suggests that available support was required to undergo that transition. A transition to a different orientation to worker ideology may be an indication of work conflict, and prior research has shown that support from the work and family domains can reduce an individual's work–family conflict (Carlson & Perrewé, 1999; Thompson et al., 1999). In addition, the availability of support could provide the environment to allow for the adoption of a non-pragmatist orientation.

The current study examined orientation to worker ideology in relation to social network composition. Analysis was conducted with the assumption that orientation to ideology may influence social support network composition. However, the relationship between social support network composition and orientation to worker ideology may be reciprocal or even reverse to the original assumption. The social support network may actually influence the transition or maintenance in orientation to ideology. Pescosolido (1992) argued,

> A particular action, choice, or decision is embedded in a social process where the network interactions of individuals not only influence preference formation and define the situation but also drive the process of deciding there something is wrong, whether anything can be done about it, what should be done, and how to evaluate the results (p.1104).

Therefore social support networks, and the interactions within these networks, may in fact shape or influence orientation to worker ideology. The relationship may be reciprocal and dynamic; social support networks influencing orientation to

ideology and orientation to ideology affecting which social supports are accessed and sought out.

Limitations

There are a few limitations to the current study that need to be acknowledged. First, the use of secondary data analysis limited the ability to conduct iterative analysis. The nature of secondary data analysis does not allow for asking a participant for clarification, confirmation, or additional information. Description and interpretation was only possible through what was said in previously completed interviews. The creation of the ecomaps was problematic; as it was impossible to accurately reflect the number of supportive people in each category of support sources, for example, the number of friends or non-household family (parents, siblings, aunts, uncles) members in their support network. The women would talk about "friends" in general, or speak about a neighbour and then later in the interview or in another interview speak about a neighbour again, but it was unclear if this was the same neighbour or a different neighbour. Also, the women were often friends with their neighbours and would use the terms "neighbour" and "friend" interchangeably. These limitations prevented the ability to analyze the size of network, which has been a central analysis feature in past research (Cohen, Teresi, & Blume, 1994).

In addition, the two original studies were conducted nearly 10 years apart: *Women in Transition* (Harrison, Neufeld & Kushner, 1995) was conducted 1989-1991; and *Employed Mothers' Health Decision Making* (Kushner, 2005; 2007; Kushner & Harrison, 2002) was conducted 1998-2000. It has been almost 15 years since the first study was conducted. It could be argued that sociocultural changes in

cultural perceptions of employed mothers have occurred over this time span, however, dominate social ideologies seem to have been consistent over the past decades (Hochschild & Machung, 1989; Hays, 1996; Garey, 1999; Johnston & Swanson, 2004).

Although there are many interesting findings in the present study, all of the findings must be interpreted with caution as the sample included few women who did not have a pragmatist orientation, and the analysis was secondary. A small sample threatens the validity of the findings and the ability to generalize to a larger population. The current study does, however, provide a starting point for future research and allows for a description of the world of employed mothers, and the diversity of their social support networks.

Nonetheless, my study contributes to new knowledge in three areas. First, the distinction between non-household family (parents, siblings, aunts and uncles) and household family (spouse, children) is a new concept of value to the body of social support network research. Second, including in-depth analysis of formal social support such as professionals and services, as a form of social support provides a more complete view of an individual's social support network. Moreover, previous research has only acknowledged formal support as a single form, without looking at the diversity within that source. Third, exploring the experiences of employed mothers with younger children who are heavily dependent on caregiving is a new population to study in relation to social support network typologies, as prior research has examined adults who are caring for other adults, such as those with dementia or disability.

Implications

The current study focuses on employed mothers who are combining paid work roles with their family roles, and the social support networks available to them. In one study, it was found that for fulltime employed American mothers the difficulty in separating employment and family roles was a significant source of stress and unhappiness (Johnston & Swanson, 2006). Johnston and Swanson suggest that these findings are in contrast to what is experienced by mothers in Elvin-Nowak and Thomsson's Swedish study (2001). In Sweden there is a shorter work week, and more extensive maternal leave policies, perhaps enabling employed mothers to better separate employment and motherhood. Formal social support such as maternal leave policies may be critical in minimizing stress associated with tension between employment and motherhood. Future research could also compare the social support networks of employed and non employed mothers, as well as employed mothers with different levels of formal maternal/family friendly workplace policy.

Workplace Support

In this study the women spoke about workplace support both formally and informally, discussing formal policies and benefits and informal support from supervisors and co-workers. In some cases the policy was present, but a lack of support from a supervisor prevented the woman from accessing the support that the policy provided. This finding highlights the importance of acknowledging and addressing informal social support or lack there of, in the workplace. It is vitally important that organizational health promotion initiatives include and address the availability of both informal and formal social supports in the workplace. The

promotion of healthy employees through workplace health initiatives can ensure the continuation of workforce participation of employed mothers, especially those with pre-school aged children, as they are more likely to work part-time than their male counterparts (Tilly, 1996; Garey, 1999).

Social support in the workplace is of interest to health promoters, occupational health officers and employers alike. A supportive workplace environment has been shown to moderate effects of job related stress and burnout (Constable & Russell, 1986; Freudenberger, 1974) in the communications literature, organization and management literature and general health literature. The inclusion of research in workplace social support in social support network research is valuable, as it links social support network literature with work-family conflict literature.

Social Support Strategies and Initiatives

This study highlights the importance for counselors, educators, health professionals and policy makers considering the social context in which families function when designing and providing professional services. Social support networks could be mapped out, with informal and formal sources of support, to assist in identifying support that may be available but untapped. In addition the use of informal social supports and the use of non-governmental group supports can be economically advantageous for the health care system. "Women's existing social networks are a key resource and an important focus for support interventions" (Neufeld & Harrison, 2000).

Health promotion interventions should focus on helping employed mothers identify and access social support in their existing networks, or expanding and

enhancing their current networks, as is suggested for caregivers of elderly persons (Clipp & George, 1990). Addressing variability in the sources of support is important in women's health interventions and programs, as different sources may provide different functions of support.

Orientation to Worker Ideology

The current study addressed social support and the life of employed mothers in relation to orientation to worker ideology, rather than through the traditional motherhood lens. Current research puts motherhood at the forefront and identifies variables in relation to that role. This same analysis conducted using motherhood ideology as the central factor would likely rendered different findings. Further research could focus on *employed women*, mothers and women who do not have children, to determine if the research questions posed here are relevant to employed women more broadly, or if it is motherhood specific.

Mothers as Caregivers

Earlier research on social support networks has focused mainly on women caregivers of the elderly, persons who are ill or suffering from dementia; the care recipient being a parent or spouse. Little research has addressed social support networks in relation to parenting and motherhood, the care recipient being the child. This research is a starting point to direct further research into this area, and can serve as pilot study highlighting the value of taking inquires and descriptions of support networks further and deeper in analysis.

Analysis of Formal Social Support

Most prior social network typology research has focused primarily on informal social support networks of kin and friends, with some inclusion of community-based affiliations such as religious organizations. Fudge, et al. (1997) however, did include a formal network of professionals and agencies/organizations. The current study, however, focuses on a broader view of social networks, and arguably promotes a more inclusive understanding of employed mothers' social networks. It also highlights the diversity in the inclusion of formal sources by a woman, and perhaps the need to address why a woman utilizes or does not utilize available formal social support sources. Findings could influence the promotion and marking of formal social support resources to women.

Future Research Questions

The current study provides a new perspective on how a woman's social support network and orientation to worker ideology may be related. This study adds to the bodies of research literature in the domains of social support, women's health, ideology, and ultimately health promotion studies. An interesting follow up study would include a larger sample of conformists, nonconformists and innovators to probe deeper and look more closely at their social support networks. Future research could also be conducted, using a larger sample, and quantitative methods to confirm the findings at a population level. Research questions could be posed to examine the social support networks of employed single mothers and fathers, as these populations may require additional social support to balance their paid work and family life. In addition, it would be interesting to explore the social support networks of mothers from other cultures, aboriginal populations, immigrants, and refugees, to support and

enhance supports and services to these vulnerable populations. Finally, one could examine the social support networks available and utilized in rural areas, where informal and formal social support services may not be as readily available. This is especially pertinent in Alberta, where a large portion of our population inhabits rural communities.

Conclusion

The purpose of this study was to examine employed mothers' orientation to worker ideology and their social support network composition. How an employed mother defines herself in her paid work life, her worker ideology, may impact her social support network composition, and thereby influence her choices and ability to manage stress from multiple paid work and family demands. Prior research has typically focused on women's orientation to motherhood ideology, without attending to the potential influence of worker ideology. Focusing on worker ideology provided a fresh perspective on employed mothers' decisions and practices around social support network composition. The women's orientation to worker ideology was used as a focus for comparing the potential difference in the composition of employed mothers' social support networks.

This research highlights the importance of addressing workplace social support as a function of workplace health, crucial in informing occupational health policies. In addition, this study, and the understanding gained about social support networks in employed mothers' lives could enhance and drive social support and health promotion strategies and initiatives. The focus on formal social support sources is important in the provision of existing sources, creation of new sources and

promotion of current sources. The focus on orientation to worker ideology, and mothers as a caregiver of children drives the traditional research agenda to more socio-cultural and gender-sensitive topics in health promotion. This research can be used as a stepping stone for future innovative health promotion research studies.

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Appendix A: Example of an Ecomap of a Social Support Network

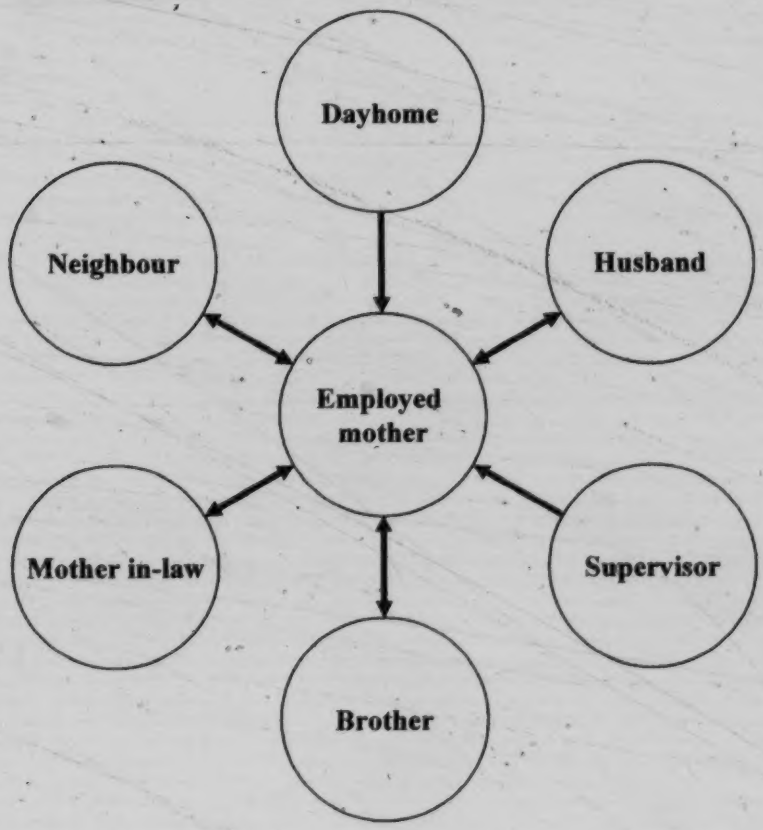

Table 1.0: Category of Social Support Sources

Worker Ideology	Household Family	Non-household Family	Friends and Neighbours	Workplace	Formal/Organized
Conformist	3 Spouse			4 → 4	Access issues
Conformist	1 Spouse, 1 Children	4 Family	1 Friends, Neighbours	2 Coworkers	
Conformist	1 Spouse 1 Children	3 Parents	1 Friends	1 Supervisor, Coworkers	
Conformist	4→1 Spouse 1 Children	3 Parents	1 Friends, Neighbours	1 Supervisor, Coworkers	
Conformist -Innovator	1 Spouse	1 Sibling		1 Structure – flexible	
Conformist - Innovator	1→ 2→1Spouse	2 Parents 1 In-laws 4 Siblings	1 Friends	Structure – flexible	Child care Health care Life skills groups
Innovator	4 Spouse	3M Parents 1 In-law	1 Friends, Neighbours	Structure - flexible.	Faith-based groups
Nonconformist	1 Children	2 Parents	1 Friends	1 Structure – flexible	Health care
Pragmatist	1 Children 3 Spouse			4 → 2	
Pragmatist	1 Children 4 Spouse				
Pragmatist	1 Spouse	2 Parents		1 Supervisor, Coworkers Structure - inflexible	Child care Health care
Pragmatist	2 Children		1 Friends	1	Health care
Pragmatist	1 → 0 Spouse 4 Children		1 Friends	3 Supervisor 1 Coworkers	Child care Life skills groups Access issues
Pragmatist	2 Children 4 Spouse – out of town			4 Structure - inflexible	
Pragmatist	2 Spouse			1 Supervisor and Coworkers 1 Policy	Child care Health care
Pragmatist	1 Children		2 Friends	5 Supervisor 1 Benefits	Child care Health care Life skills groups
Pragmatist	1 Spouse	2 Family	2 Friends	1 Supervisor, Coworkers Structure - inflexible	Childcare
Pragmatist	1 Spouse	1 Parents			Child care Health care
Pragmatist	1 Spouse 1 Children	2 Parents	2 Friends	1 Supervisor	Child care Health care

Worker Ideology	Household Family	Non-household Family	Friends and Neighbours	Workplace	Formal/Organized
Pragmatist	1 Spouse 4 Children		2 Friends		Child care Life skills groups Faith-based groups
Pragmatist	1 Spouse	2 Parents, In-laws			Child care
Pragmatist	1 Spouse, 1 Children	2 In-laws		Structure - flexible	
Pragmatist	4 Spouse – out of town 1 Children	1 Sibling		1 Supervisor, Coworker	
Pragmatist	4 Spouse	1 Parents 2 Grandparent, In-law, Sibling	1 Friends, Neighbours	1 Moved → not working	Health care Life skills groups
Pragmatist	1 Spouse	2 Parents, In-laws 1 Sibling In-law	1 Friend	Structure – flexible 1 Supervisor, Coworkers	Child care Health care
Pragmatist	1 Spouse	2 Parents, In-laws, Siblings, Sibling In-laws	1 Friends	1 Coworkers	Child care Health care Life skills groups
Pragmatist	→1 Common-law	4,5 Parents	1 Friends, Neighbours	1 Supervisor, Coworkers, Benefits	Life skills groups
Pragmatist - Innovator	2 Children 3 Spouse	1 Family	1 Friends, Neighbours	1 Supervisor, Coworkers	Health care
Pragmatist - Innovator	3 Spouse 4 Children		1 Friends	1 Supervisor, Benefits	Health care Life skills groups Faith-based groups
Pragmatist - Innovator	4 Spouse	1 Parents, Sibling 3 In-laws, 3B Sibling			
Pragmatist - Innovator	1 Children	1 Siblings, Sibling In-laws, Parents	1 Friends	1 General	Life skills groups Faith-based groups

Availability of Support
1 - Everyday/regular basis
2 - Comfort in access/potential/if needed
3 - Inconsistent
4 - Minimal support
5 - Support compromised by negative interaction

} Reflects no reliable support and thus not used in the next level of analysis

→ denotes a change